

STATE OF MAINE

BOARD OF SOCIAL WORKER LICENSURE

APPLICATION FOR LICENSED SOCIAL WORKER CONDITIONAL



Department of Professional and Financial Regulation

Office of Licensing and Registration

35 State House Station

Augusta, ME 04333-0035

Office Telephone: (207) 624-8674

TTY/HEARING IMPAIRED (888) 577-6690

Email: colleen.a.eugley@maine.gov

Office located at: 122 Northern Avenue, Gardiner, Maine

Last Revised Date: 3/2006

APPLICATION GUIDE FOR LICENSURE AS A CONDITIONAL SOCIAL WORKER

Enclosed are all relevant materials for licensure as a Conditional Social Worker in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, you can contact the Board of Social Worker Licensure office at (207) 624-8674 or by e-mail at: colleen.a.eugley@maine.gov

FURNISHED TO APPLICANT:

1. Application Guide for Licensure as a Conditional Social Worker
2. Application for Licensure
3. Agreement to Provide Consultation Form
4. Verification of Consultation Form (This form needs to be submitted when consultation is complete or a change of supervisor occurs)
5. Change of Name and/or Address Form
6. Authorization of Credit Card Payment Form
7. Criminal History Records Check (SBI) Memo
8. Criminal History Record Check (SBI) Form
9. ASWB Social Work Licensing Examination Candidate Handbook can be downloaded from the ASWB website: <http://www.aswb.org/licensing/licexam.html> (Click the "Examination Candidate Handbook" link) or from our office by telephone at (207)624-8674.
10. Licensing law for Social Workers can be downloaded at <http://janus.state.me.us/legis/statutes/32/chapdoc/00830.doc> or call (207) 624-8674.
11. Licensing rules for Social Workers can be downloaded at <http://www.state.me.us/sos/cec/rcn/apa/02/chaps02.htm> or call (207) 624-8674.

CODE OF ETHICS:

National Association of Social Workers (NASW) Code of Ethics may be obtained by contacting 1-800-638-8799 Extension 238 or available on the Internet at: www.naswdc.org.

ADDRESS CHANGES:

All name and/or address changes must be submitted to the Board, **in writing**, throughout your licensure. A change of address form is provided or you can submit by email at colleen.a.eugley@maine.gov

APPLICATION PROCEDURE:

- Please submit your application with **all** required documentation. The board clerk will review applications. Persons submitting an incomplete application will be sent a notification regarding the deficiency. Persons submitting a complete application that was not approved will be sent notification of the status of their application. Persons submitting a complete application that was approved will receive their license in the mail in approximately two weeks from the date of receipt.
- All material pertaining to an application must be received by the Board within a span of no more than six months. Candidates whose applications have been incomplete for more than six months will be required to submit **new** applications if they still wish to be considered for licensure.
- Information about the status of applications may be found at the following website www.maineprofessionalreg.org

ELIGIBILITY REQUIREMENTS:

Please read the Statutes (Laws) and Board Rules thoroughly in order to fully understand the level of licensure that you are applying for. These can be obtained as mentioned above.

Description

"Conditional License" indicates the licensee is completing a required consultation period under certain conditions to progress to another level of licensure. A licensee must be licensed at this level while accruing required consultation experience. LSW-Conditionals cannot engage in private/independent social work practice.

If applying for **LSW Conditional Licensure**, you must submit:

- A. A completed Application for Licensure;
- B. Official transcript of an earned degree that is sufficiently related to social work or social welfare;
- C. Three current (dated within the past year) letters of professional recommendation, two of which must be from licensed social workers (at any level of licensure from any state);
- D. Evidence of employment in a social service delivery field;
- E. Agreement to Provide Consultation;
- F. Payment of a non-refundable \$50.00 application fee;
- G. Payment of LSW Conditional licensure fee of \$70.00; and
- H. Completed Agreement to Provide Consultation form; and
- F. [Criminal History Check fee of \\$15.00, all fees can be in one payment](#)

EXAMINATION:

- The Association of Social Work Boards (ASWB) provides a Social Work Licensing Examination Candidate Handbook. ASWB Social Work Licensing Examination Candidate Handbook can be downloaded from the ASWB website: <http://www.aswb.org/licensing/licexam.html> (Click the “Examination Candidate Handbook” link) or from our office by telephone at (207)624-8674. The Candidate Handbook provides you with all the information needed to register for the examination. **Please note:** You **do not** need permission from the State of Maine Board of Social Worker Licensure to take the examination. **Please read thoroughly.**
- To register for the examination by telephone, please contact **1-888-579-3926**.
- Study Guides can be ordered by contacting **1-800-225-6880**.
- ASWB Website: www.aswb.org



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JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR

APPLICATION FOR LICENSURE

Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.

LICENSE TYPE:

- | | |
|---|---|
| <input type="checkbox"/> Licensed Social Worker Conditional | <input type="checkbox"/> Licensed Master Social Worker Conditional Clinical |
| <input type="checkbox"/> Licensed Social Worker (LSW) | <input type="checkbox"/> Licensed Clinical Social Worker (LCSW) |
| <input type="checkbox"/> Licensed Master Social Worker (LMSW) | <input type="checkbox"/> Licensure without Examination |

Please Read Application Guide Prior to Completing this Application.

Name

Mailing Address

City

State

Zip Code

County

Home Telephone

Work Telephone

Social Security #:

-

-

Date of Birth

EDUCATION

Please list the name of undergraduate institution, graduate school of social work, graduation date, major, clinical or non-clinical track (graduate only), and degree awarded.

NAME OF SCHOOL	DATE GRADUATED	MAJOR	DEGREE RECEIVED
Undergraduate Institution			
Graduate School of Social Work		Clinical/Non Clinical	

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Do you currently hold or have you previously held a State of Maine Social Worker License?

☐ Yes ☐ No If yes, please complete the following:

License # _____ Date Issued _____ Expiration _____

2. Have you ever been licensed in another state or jurisdiction?

☐ Yes ☐ No

If yes, please complete the following:

State _____ License # _____

Date Issued _____ Expiration _____

3. Have you ever taken a social work examination in any other state?

☐ Yes ☐ No

If yes, please complete the following:

State _____ Date _____

Name of Examination Service _____ Examination Level _____

4. Has your application for examination or for licensure ever been denied by any state board governing the practice of social work? ☐ Yes ☐ No If yes, please attach an explanation.

5. Has your license ever been suspended, revoked, or subject to any disciplinary action by any state or jurisdiction? ☐ Yes ☐ No If yes, please attach an explanation.

6. Have you ever been convicted of a crime other than a minor traffic violation? ☐ Yes ☐ No
If yes, please describe in detail the date(s), crime(s), and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction.

By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies, or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license issued by the Department. I further authorize all law enforcement agencies and officials thereto to release to the Department any and all criminal history record information pertaining to myself.

Signature of Applicant

Date



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AGREEMENT TO PROVIDE CONSULTATION FOR LICENSURE

This is to notify the Board of Social Worker Licensure that _____ has agreed to provide social work consultation.

The above named consultant is accountable for the professional development of the consultee. The consultant will assume responsibility for the assessment of the competence and ethics of the consultee during the consultation period. The consultant has an obligation to assess the consultee and to share this assessment with the Board. The above named consultant agrees to provide consultation as stated below and return the Verification of Consultation Form to the consultee when the required consultation is completed.

Please check the appropriate box below:

☐

Licensed Social Worker Conditional / Licensed Social Worker

An Agreement to Provide Consultation (face to face case discussion and evaluation focusing on raw data, goals and objectives from the social worker's practice) must be provided to the board for all LSW Conditional and all LSW applicants. Consultation may be provided in a group (not to exceed 8 members) or individual setting.

A total of 96 hours must be provided for 3200 hours of social work employment in not less than two nor more than four years.

An Agreement to Provide Consultation (face to face case discussion and evaluation focusing on raw data, goals and objectives from the social worker's practice) must be provided to the board for all LSW Conditional and all LSW applicants. Consultation may be provided in a group (not to exceed 8 members) or individual setting.

DHS social workers must receive consultation from social workers who are LSW licensed for at least 4 years, LMSW, or LSW licensed for 2 years **and** is designated by DHS as a supervisor trainee who is concurrently receiving 48 hours of consultation from an LMSW.

☐

Licensed Master Social Worker Conditional Clinical

Four hours per month of consultation (face to face discussion and evaluation focusing on raw data, goals and objectives of specific social work practice) must be provided while practicing work in a **clinical setting**. At least three of the four hours per month must be individual consultation.

A total of 96 hours within 3200 hours of social work employment in not less than two nor more than four years is required for licensees whose MSW degree is in a clinical concentration. For licensees whose MSW degree is in a non-clinical concentration, 192 hours of consultation within 6400 hours of social work employment in not less than four nor more than six years is required.

Consultants must be social workers who are LCSW, CSW-IP or certified for clinical practice in the state which the consultation is obtained.

Credit for consultation experiences shall be given only for practice in an organized public or private agency, school, institution or organization which provides the opportunity for contact with other professional disciplines and work experience with a broad range of clients.

Consultant Data

Name of Consulting Social Worker		
Mailing Address		
City	State	Zip Code
License Number	Work Telephone	
Type of Social Work Degree		

Consultee Data

Name of Consultee		
Mailing Address		
City	State	Zip Code
License Number (If Applicable)	Work Telephone	

Employment Data

Place of Employment		
Mailing Address		
City	State	Zip Code
Telephone Number	Beginning Date of Employment	
Signature of Agency Supervisor		Date

Please read the statement below and sign your testament to the information provided on this form.



We have read, understood, and accepted the conditions of this relationship as defined by the Rules of the Board of Social Worker Licensure and by the Statute of the State of Maine. Since the consultee is practicing social work by virtue of the services provided by the consultant, any changes in the relationship must be registered with the Board.

Consultant Signature: _____ Date: _____

Consultee Signature: _____ Date: _____



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GOVERNOR

ANNE L. HEAD
DIRECTOR

VERIFICATION OF CONSULTATION FORM

IMPORTANT: Use a separate form for each person verifying experience and for each employment setting. If more space is needed, attach an additional sheet. Please print clearly.

Licensee Data --To be Completed in Full by Licensee

Name of Licensee		License Number	
Mailing Address			
City		State	Zip Code
Work Telephone		Original Licensure Date	
Place of Employment during Consultation Period			

Consultant Data--To be Completed in Full by Consultant

Name of Consultant		License Number	
Mailing Address			
City		State	Zip Code
Work Telephone		Home Telephone	
Consultant's Education -- School			
Year Graduated		Degree Awarded	

Licensee Consultation Information--To be Completed in Full by Consultant

Total Number of Hours Licensee Worked Per Week _____

Total Number of Hours Per month **Individual** Supervision/Consultation Was Given _____

Total Number of Hours Per month **Group** Supervision/Consultation Was Given _____

Total Number of Hours Licensee Worked During the Period Listed Below _____

Dates the Applicant was Under your Supervision: From _____ To _____
month/day/year month/day/year

1. Please describe licensee's specific functions in terms of social work. If consultation was provided to a Master's level Social Worker, please describe applicant's functions in terms of prevention, diagnosis and treatment of mental illness/disorders and psychosocial treatment:

2. Please state briefly licensee's personal character, ethical conduct, and competence:

3. Do you recommend that this person be re-licensed? ☐ Yes ☐ No
If not, please describe why:

I hereby certify that the information given above is correct to the best of my knowledge. I also agree to return this form to the licensee for mailing to the Board of Social Worker Licensure.

Signature of Consultant: _____ Date: _____



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CHANGE OF NAME AND/OR ADDRESS FORM

NOTE: WE DO NOT REQUIRE THAT YOU USE THIS FOR ANY NAME AND/OR ADDRESS CHANGES, **BUT** WE DO REQUIRE THIS INFORMATION IN WRITING FROM YOU.

OLD ADDRESS

Name			License Number
Address			
City	State	County	Zip Code
Daytime Telephone			

NEW ADDRESS

Name			License Number
Address			
City	State	County	Zip Code
Daytime Telephone			

OFFICE PHONE: (207)624-8674



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OFFICES LOCATED AT: 122 NORTHERN AVENUE,
GARDINER, MAINE

FAX: (207)624-8637



JOHN ELIAS BALDACCI
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ANNE L. HEAD
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TO: PROSPECTIVE APPLICANT
FROM: OFFICE OF LICENSING & REGISTRATION
RE: CRIMINAL RECORDS CHECK

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

CRIMINAL HISTORY RECORDS CHECK PROCEDURE

Please complete the applicant information section and return it to the Board with your completed application and supporting documentation as may be necessary.

You must provide fee in the amount of \$15.00, made payable to Maine State Treasurer, as payment for your criminal history record check in addition to the licensing fees presently required. All fees can be submitted together. Please note that the criminal history record will be returned to the licensing board, not the applicant.

Pursuant to 25 M.R.S.A. §1541, sub-§6, the State Bureau of Identification may charge a fee to government organizations for services provided. Therefore, as of May 1, 2003 all criminal background checks of individuals are subject to a fee of \$15.00.

(Clerk Name and Phone Number)

Colleen Eugley, Board Clerk
(207) 624-8674

OFFICE PHONE: (207)624-8674



FAX: (207)624-8637

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CRIMINAL HISTORY RECORD CHECK FEE: \$15.00
Make checks payable to: Treasurer, State of Maine
Submit this Application with License Application

APPLICANT INFORMATION

Name: _____
Last First Middle
Address: _____
Social Security/Federal I.D. #: _____ Date of Birth: _____
Any other names used: _____

Please return the criminal history record information or a notice of no record to the following:

REQUESTING AGENCY INFORMATION

(Office Use Only)

Date: _____ Contact Person: Colleen Eugley, Board Clerk
Agency Name & Address: Office of Licensing and Registration
Board of Social Worker Licensure
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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:	Telephone #: (____) _____ - _____	
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

☐

Visa

☐

MasterCard

Card number

Expiration date: ____/____/____ in the amount of: \$ _____

Signature: _____ Date: ____/____/____

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